

**LARGE CAPACITY CESSPOOL (LESS THAN 1000 GPD)**  
**BACKFILLING FINAL COMPLETION REPORT**  
Wastewater Branch, Dept. of Health, State of Hawai'i

Property owner: \_\_\_\_\_

Project address: \_\_\_\_\_

TMK:  
\_( ) \_\_\_\_\_

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Number of cesspools, and numbering if any: \_\_\_\_\_

Diameter(s): \_\_\_\_\_ Depth(s): \_\_\_\_\_

Was sludge/sediment or liquid removal necessary?    ☐ Yes    ☐ No

Where was sludge/sediment or liquid taken or disposed of? \_\_\_\_\_

Was groundwater encountered?    ☐ Yes    ☐ No

Date of backfilling: \_\_\_\_\_ Type of backfill material: \_\_\_\_\_

Amount of backfill used (cubic yds.): \_\_\_\_\_

Was the cesspool completely backfilled?    ☐ Yes    ☐ No

How was it compacted? \_\_\_\_\_

Backfilling contractor: \_\_\_\_\_

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Please provide:

- Pictures: Attach photos of the large capacity cesspool from step-back distances of approximately 8 feet and 20 feet.
- Copy of this report to: LCC Project Coordinator  
EPA Ground Water Office (WTR-9)  
75 Hawthorne Street  
San Francisco, CA 94105

## LARGE CAPACITY CESSPOOL BACKFILLING FINAL COMPLETION REPORT (Continuation)

The backfilling work and the final completion report have been performed and completed under my supervision and the work was properly completed:

☐ Professional Engineer Include P.E. stamp:

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

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IWS file no:

Date sent:

Date received: